ORAL LESIONS ASSOCIATED WITH HIV DISEASE

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ORAL LESIONS ASSOCIATED WITH HIV DISEASE



Oral Candidiasis (Thrush)

• <u>pseudomembranous</u> white or yellow plaques on mucosa; leaves raw, bleeding surface upon wiping plaque away.



Oral Candidiasis (Thrush)

• <u>erythematous</u> - mucosal erythema (red macules or patches); cytology smear or culture is + for Candida/yeast.



Oral Candidiasis (Thrush)

• <u>hyperplastic</u> - white plaques which cannot be wiped away.



Oral Candidiasis (Thrush)

• <u>angular cheilitis</u> - erythema, fissures at labial commissures.



• linear gingival erythema - fiery, red band along free gingival margin; also punctate areas of erythema; spontaneous bleeding may be present.



• necrotizing ulcerative gingivitis (including ANUG) psuedomembrane of interdental papillae (necrosis); ulceration; fetor oris; pain.



- necrotizing ulcerative gingivitis
- after 7 days of antibiotics.



• <u>necrotizing ulcerative</u> <u>periodontitis</u> - extremely rapid and progressive destruction of periodontal attachment and bone; fetor oris; pain.



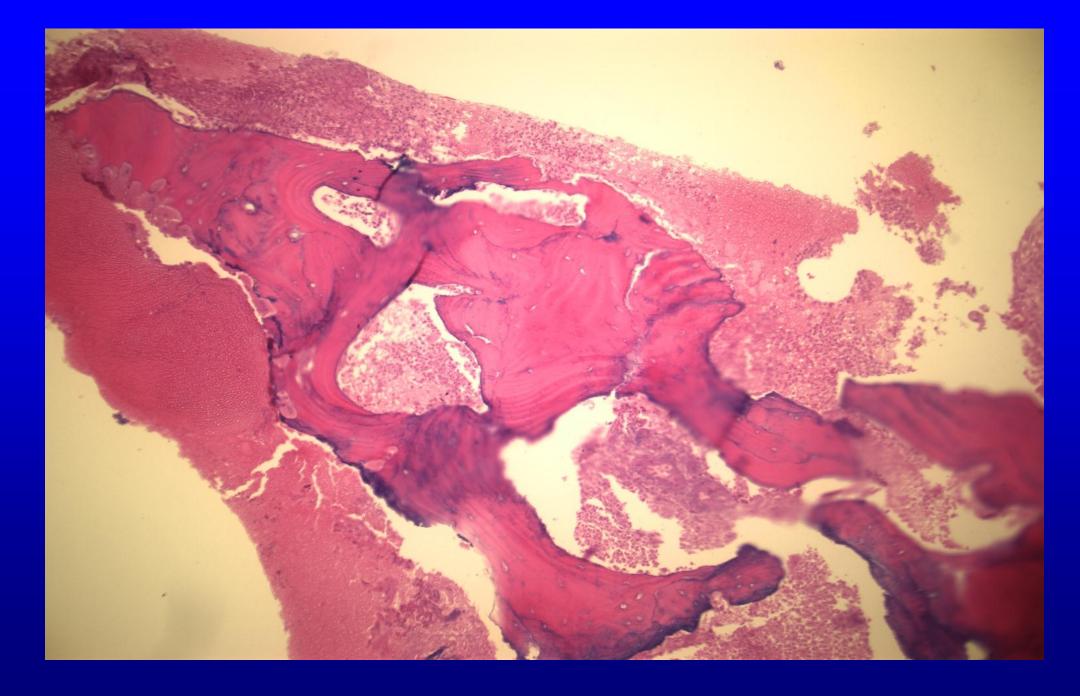
• necrotizing ulcerative periodontitis



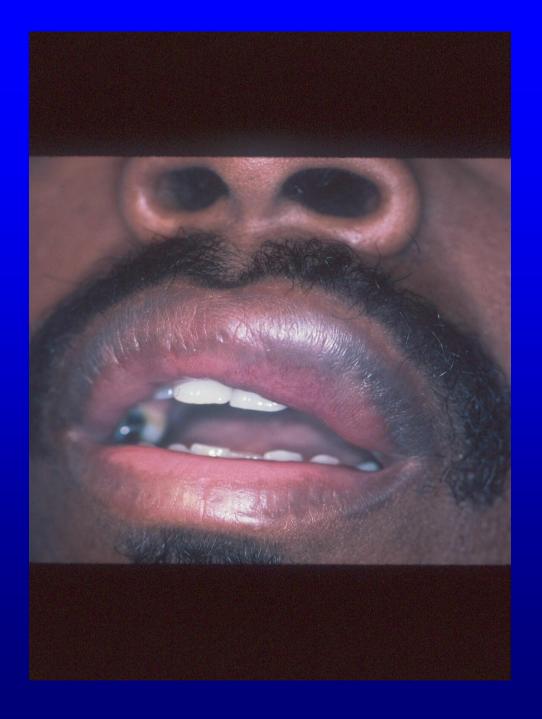
CASE PRESENTATION: Acute Necrotizing Ulcerative Periodontitis psuedomembrane of interdental papillae (necrosis); ulceration; fetor oris; pain.











Kaposi's Sarcoma

• malignant neoplasm of blood vessels; a reactive lesion.



Kaposi's Sarcoma



Non-Hodgkin's Lymphoma

• B-cell lymphoma; can appear as necrotic, ulcerated mass or nonulcerated, normal color or erythematous mucosa; diagnosis by biopsy.



Melanotic Pigmentation

• hyperpigmented, macular lesions; asymptomatic; clinically can be mistaken for Kaposi's Sarcoma.



Mycobacterium Tuberculosis

• usually pulmonary infection; extrapulmonary lesions appear as painful, indurated, nonhealing ulcerated lesions.



Necrotizing Stomatitis

• extensive soft tissue necrosis exposing underlying bone; often no etiologic agent found.



Necrotizing Stomatitis

• 10 days after treatment



Ulceration Not Otherwise Specified

• ulceration with a predilection for the pharynx; characteristics of ulceration is not recognized as any pattern similar to aphthous ulceration; may be related to specific medications like ddC.



Salivary Gland Enlargement

• unilateral or bilateral enlargement of salivary (parotid) gland.



Thrombocytopenia Purpura

- dramatic decrease in platelet count
- hemorrhage/spontaneous bleeding of gingiva; bruises on extremities.



Herpes Simplex

- vesicular lesions which rupture becoming painful, irregular ulcerations; intraorally, usually found on tissue bound to bone, e.g. palate
- herpetic lesion lasting longer than 30 days is an AIDS defining lesion

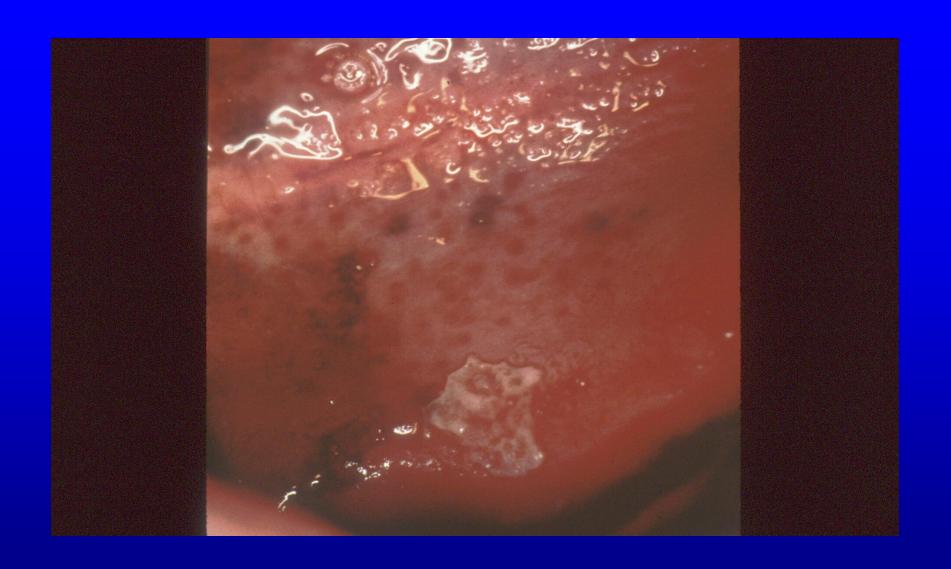


Papilloma; Focal Epithelial Hyperplasia (FEH)

•"wart"; clinical appearance may be flat (FEH) or spiky, cauliflowerlike; human papilloma virus



Papilloma; Focal Epithelial Hyperplasia (FEH)



Papilloma; Focal Epithelial Hyperplasia (FEH)



Herpes Zoster (Shingles)

• activation of *Varicella zoster* virus which has been dormant in sensory nerve; unilateral, often vesicular lesions.



Bacterial Infections

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• A. israelii; E. coli; K. pneumoniae etiological agents cultured from oral ulcerative or granulomatous lesions; possible cause of slow/poor wound healing.



Bacillary (epithelioid) Angiomatosis

• bacterial infection; causative agent: Bartonella henselae / Rochalimaea henselae; clinical appearance can be mistaken for Kaposi's sarcoma.



Erythema Multiforme

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• hypersensitivity reaction; acute, self-limiting process affecting skin (target lesion) or mucous membranes - orally seen as ulcerations or vesicular/bullous lesions.



Lichen Planus

• cell mediated immune response; white keratotic lines (striae); atrophic or erosive lesion (desquamative).



Recurrent Aphthous Stomatitis

- raised, red border with necrotic, depressed center
- minor



Recurrent Aphthous Stomatitis major



Recurrent Aphthous Stomatitis

• major, healed with scarring



Recurrent Aphthous Stomatitis

herpetiform



Molluscum Contagiosum

• viral wart; spread via direct contact



Cytomegalovirus

- usually causes eye complications (CMV retinitis); also can have intraoral ulceration associated with the cytomegalovirus; spread via direct contact
- CMV is found in virtually all body fluids; crosses transplacental barrier; caution pregnant dental providers.



Xerostomia (dry mouth)



Vitamin Deficiency & Angular Chelitis



Oral hairy leukoplakia (OHL) is a viral infection caused by Epstein-Barr virus (EBV).

Oral Viral Lesions Epstein-Barr Virus (EBV)

- Treat for cosmetic reasons; otherwise no treatment is warranted
- Use of Acyclovir or topical Podophyllum resin has been reported to provide relief

